

## DMV Lane Technician Observation Report

DMV Technician: <u>DARYL CONNER</u>		Position: <u>1 or 2</u>	
Station: <u>Dover</u>		Date: <u>3/24/14</u>	Time: <u>11:00</u>
Vehicle Make: <u>TOYOTA</u>		Model: <u>TUNDRA</u>	Year: _____
GVWR: _____	Fuel Type: <u>G</u>	Registration Number: <u>CL 58341</u>	
Auditor: <u>DOSSER</u>		(Covert / Overt) (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Was Emissions testing performed using Clip?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Was Catalytic Converter inspection required?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013